

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:	)	Art Unit: 1648
BLAKE et al.	)	
	)	Examiner: Lucas, Zachariah
Serial No.: 09/825,770	)	
	)	Atty. Docket: NV-1933
Filed: 04/04/2001	)	
	)	
For: IMPROVED METHOD FOR THE	)	July 1, 2002
<u>PRODUCTION OF BACTERIAL TOXINS</u>	)	

**ASSOCIATE POWER OF ATTORNEY**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

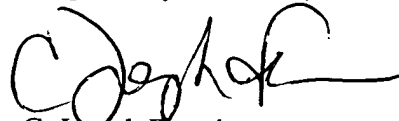
The undersigned, C. Joseph Faraci, Reg. No. 32,350, attorney of record in the present application, hereby appoints Patrick S. Eagleman, Reg. No. 44,665, and the following representatives of the firm Heller, Ehrman, White & McAuliffe LLP, as associates with full powers to prosecute the above-identified application.

John P. Isacson, Reg. No. 33,715  
Patricia D. Granados, Reg. No. 33,683  
Colin G. Sandercock, Reg. No. 31,298

All correspondence should continue to be directed to:

Baxter Healthcare Corporation  
P.O. Box 15210  
Irvine, CA 92623-5210

Respectfully submitted,



C. Joseph Faraci  
Registration No. 32,350  
Tel. (949) 250-6827

Baxter Healthcare Corporation  
P. O. Box 15210  
Irvine, CA 92623-5210

**DECLARATION – UTILITY OR DESIGN PATENT APPLICATION**  
**(37 CFR 1.63)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **IMPROVED METHOD FOR THE PRODUCTION OF BACTERIAL TOXINS**, the specification of which

(check [ ] is attached hereto.  
 one)

[ X ] was filed on April 4, 2001 as Application Serial No. 09/825,770 or PCT International Application Number \_\_\_\_\_, and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Nos.	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/194,482	04/04/2000

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) or 365 (c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

**DECLARATION – UTILITY OR DESIGN PATENT APPLICATION**  
(37 CFR 1.63)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Michael C. Schiffer, Reg. No. 30,215, Michael F. Fedrick, Reg. No. 36,799, C. Joseph Faraci, Reg. No. 32,350, and Janice Guthrie, Reg. No. 35,170.

Direct all correspondence to:

Baxter Healthcare Corporation  
P.O. Box 15210  
Irvine, CA 92623-5210  
Telephone: (949) 250-6839  
Facsimile: (949) 474-6330

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<p>Name of Sole or First Inventor: <b>MILAN S. BLAKE</b></p> <p>Inventor's signature: <u><i>Milan S. Blake</i></u></p> <p>Date Signed: <u>9-7-01</u></p> <p>Residence: 8521 Beaufort Drive Fulton, Maryland 20759</p> <p>Citizenship: U.S.A.</p> <p>Post Office Address: same as above</p>	<p>Name of second joint inventor: <b>JOHN A. BOGDAN, JR.</b></p> <p>Inventor's signature: <u><i>John A. Bogdan Jr</i></u></p> <p>Date Signed: <u>9-7-01</u></p> <p>Residence: 357 Nectar Court Westminster, Maryland 21157</p> <p>Citizenship: U.S.A.</p> <p>Post Office Address: same as above</p>
<p>Name of third joint inventor: <b>JAVIER NAZARIO-LARRIEU</b></p> <p>Inventor's signature: _____</p> <p>Date Signed: _____</p> <p>Residence: 867 Ave. Munoz Rivera D-207 Cond. Vick Center Rio Piedras, Puerto Rico 00925</p> <p>Citizenship: U.S.A.</p> <p>Post Office Address: Same as above</p> <p>State of <u>MARYLAND</u></p> <p>County of <u>HOWARD</u></p> <p>On this <u>7TH</u> day of <u>SEP</u>, 20<u>01</u>, <u>MILAN BLAKE</u> personally appeared before me, <input checked="" type="checkbox"/> who is personally known to me, ____ whose identity I verified on the basis of _____, ____ whose identity I verified on the oath/affirmation of _____, a credible witness, to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.</p> <p align="center"><i>Linda M. Wheeler</i> Notary Public My Commission Expires: <u>9/22/04</u></p>	<p>State of <u>MARYLAND</u></p> <p>County of <u>HOWARD</u></p> <p>On this <u>7TH</u> day of <u>SEP</u>, 20<u>01</u>, <u>JOHN BOGDAN</u> personally appeared before me, <input checked="" type="checkbox"/> who is personally known to me, ____ whose identity I verified on the basis of _____, ____ whose identity I verified on the oath/affirmation of _____, a credible witness, to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.</p> <p align="center"><i>Linda M. Wheeler</i> Notary Public My Commission Expires: <u>9/22/04</u></p>

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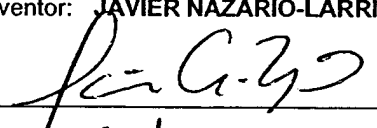
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<p>Name of third joint inventor: <b>JAVIER NAZARIO-LARRIEU</b></p> <p>Inventor's signature:  _____</p> <p>Date Signed: <u>13 Feb 2001</u></p> <p>Residence: 867 Ave. Munoz Rivera D-207 Cond. Vick Center Rio Piedras, Puerto Rico 00925</p> <p>Citizenship: U.S.A.</p> <p>Post Office Address: Same as above</p>	